

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12349

State File No.

Registrar's No.

2204

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		State File No.		Registrar's No.	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Jefferson					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis				c. LENGTH OF STAY (in this place) 3 Months		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hillsboro 0500			
d. FULL NAME OF HOSPITAL OR INSTITUTION Deaconess Hospital				d. STREET ADDRESS (If rural, give location) Rural Route 1					
3. NAME OF DECEASED (Type or Print)		a. (First) WILLIAM		b. (Middle) THOMPSON		c. (Last) SNIDER		4. DATE OF DEATH (Month) (Day) (Year) Feb-25-1953	
5. SEX M		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Dec. 19, 1874		9. AGE (In years last birthday) 78	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Credit Mgr (Ret)		10b. KIND OF BUSINESS OR INDUSTRY Dry Goods		11. BIRTHPLACE (City and State or Foreign Country) Ottumwa Iowa				12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Silas S Snider		13b. MOTHER'S MAIDEN NAME Hannah J Thompson		14. NAME OF HUSBAND OR WIFE Lillian Snider Widdow					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 488-01-5840		17. INFORMANT'S SIGNATURE OR NAME ADDRESS A Lillian Snider Hillsboro Mo.					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic heart disease Carcinoma of bladder ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH 6 months	
19a. DATE OF OPERATION 11-18-52		19b. MAJOR FINDINGS OF OPERATION Carcinoma of bladder						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21f. HOW DID INJURY OCCUR? 181X			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>							
22. I hereby certify that I attended the deceased from 10-22-52, 19__, to 2-24-53, 19__, that I last saw the deceased alive on 2-24-53, 19__, and that death occurred at ____ m., from the causes and on the date stated above.									
23a. SIGNATURE <i>Edward M. Cameron</i> (Degree or title) M.D.				23b. ADDRESS 607 N. Grand, St. Louis 3, Mo.		23c. DATE SIGNED 2-26-53			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 2-27-1953		24c. NAME OF CEMETERY OR CREMATORY Oak Hill Cemetery		24d. LOCATION (City, town, or county) Kirkwood Mo.		(State)	
DATE REC'D BY LOCAL REG. FEB 26 1953		REGISTRAR'S SIGNATURE <i>J. Carl Smith</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>M. O. Parker Aldrich F. Home Webster Groves Mo.</i>					
(Licensed Embalmer's Statement on Reverse Side)									

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAR 2 6 1953

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by_____

Student Embalmer No. _____

working under my personal supervision.

Student

Student Embalmer

Signed

Leslie Welch

Licensed Embalmer No. *4395*

P. O. Address *Belster Groves*

Note: - The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.